FORM D



1077638

U.S. SECURITIES AND EXCHANGE COMMISISON Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMPAI | PPROVAL | | | | | | |
|---------------|------------|--|--|--|--|--|--|
| OMB A | FINOVAL | | | | | | |
| OMB Number | 3235-0076 | | | | | | |
| Expires Augus | t 31, 1989 | | | | | | |
| • | | | | | | | |
| SEC US | SE ONLY | | | | | | |
| Prefix Serial | | | | | | | |
| | | | | | | | |
| DATE RECEIVED | | | | | | | |
| 1 | 1 | | | | | | |

| Name of Offering (check if this is an | amendment and name has changed, and indicate | e change.) |
|---|---|--|
| Sense Technologies Inc. | · | |
| Filing Under (Check box(es) that apply): | □ Rule 504 □ Rule 505 ☑ Rule 506 □ | Section 4(6) ULOE |
| | nendment | Who we have |
| | A. BASIC IDENTIFICATION DAT | TA IIIA o - |
| 1. Enter the information requested about | the issuer | 9 200g |
| | endment and name has changed, and indicate ch | nange.) |
| Sense Technologies Inc. | _ | |
| Address of Executive Offices | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 2535 North Carleton Avenue, Grand Is | sland, Nebraska, 68803 | (308) 381-1355 |
| Address of Principal Business Operations | S (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| (if different from Executive Offices) | | CO |
| | | (2) CENE 11 (2) (2) |
| Brief Description of Business | | /3/ |
| | | (|
| Manufacturing and sales of automotive | e back-up safety devices | |
| | | |
| Type of Business Organization | | |
| ☑ corporation | ☐ limited partnership, already formed | □ other (please specify) |
| □ business trust | ☐ limited partnership, to be formed | |
| | Month Yea | ar |
| Actual or Estimated Date of Incorporation | n or Organization: 0 5 8 | 8 🗹 Actual 🗆 Estimated |
| Jurisdiction of Incorporation or Organiza | tion: (Enter two-letter U.S. Postal Service abbre | |
| | CN for Canada FN for other foreign | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice In the appropriate states will not result In a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result In a loss of an available stale exemption unless such ,. exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| Each general and managing partner of pa | rtnership issuers. | | | |
|--|--|---|---|--------------------------------------|
| Check Box(es) that Apply: Promoter Promoter | Beneficial Owner | ☑ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full name (Last name first, if individual) | | | | |
| Schreiner, Bruce E. | | | | |
| Business or Residence Address (Number a | nd Street, City, St | ate, Zip Code) | | |
| 3535 Grassridge, Grand Island, Nebraska, | USA, 68803 | • | | |
| Check Box(es) that Apply: Promoter | Beneficial Owner | □ Executive Officer | ☑ Director | ☐ General and/or |
| | | | | Managing Partner |
| Full name (Last name first, if individual) | | Alle State of the | | |
| Schroeder, Cynthia L. | | 사용하는 100명 (1995년) 1980년 - 1987년 - 1987년 (1995년) | tan da sa | |
| Business or Residence Address (Number a | nd Street, City, St | ate, Zip Code) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| 15409 Garfield, Omaha, Nebraska, USA, 6 | 8144 | | | |
| Check Box(es) that Apply: Promoter | Beneficial Owner | □ Executive Officer | ☑ Director | ☐ General and/or |
| | | | | Managing Partner |
| Full name (Last name first, if individual) | | | | |
| Iman, James | | | | |
| Business or Residence Address (Number a | nd Street, City, St | ate, Zip Code) | | |
| 6329 Malvery, Forth Worth, Texas, USA, 7 | 6116 | | | |
| Check Box(es) that Apply: Promoter Promoter Recorded Recorde | Beneficial Owner | ☑ Executive Officer | □ Director | □ General and/or |
| | | | | Managing Partner |
| Full name (Last name first, if individual) | A Company of the Section | | - 22 | |
| Morton, James N. | | | | |
| Business or Residence Address (Number a | nd Street, City, St | ate, Zip Code) | | |
| 3435 Puget Drive, Vancouver, British Colu | mbia, CANADA, | V6L 2T6 | *** | |
| Check Box(es) that Apply: □ Promoter ☑ | Beneficial Owner | □ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full name (Last name first, if individual) | | 1140 | | |
| Sommers, Steve | | | | |
| Business or Residence Address (Number a | nd Street, City, St | ate, Zip Code) | | |
| 21018 Buckskin Trail, Elkhorn, Nebraska, | 68022 | | | |
| Check Box(es) that Apply: Promoter | Beneficial Owner | □ Executive Officer | □ Director | ☐ General and/or |
| | . Arriver and the second s | | | Managing Partner |
| Full name (Last name first, if individual) | | | | |
| | | | | |
| Business or Residence Address (Number a | nd Street, City, St | ate; Zip Code) | | - |
| Check Box(es) that Apply: Promoter Promoter Output Description: | Beneficial Owner | □ Executive Officer | □ Director | □ General and/or Managing Partner |
| Full name (Last name first, if individual) | | | | |
| Business or Residence Address (Number a | nd Street, City, St | ate, Zip Code) | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | er er er Det alle 1988 | | B. II | NFORMA | TION AB | OUT OFFI | ERING | | | | • | |
|---------------|---|------------------------------|--|-------------------------|-------------------------|----------------------------|---------------------------------------|--------------------------------|----------------------------|------------------------------|-----------------------------|-------------------|------------------|
| | | | | | | | | | | | Y | es | No |
| 1. Has t | he issuer so | old, or does | the issuer in | tend to sell | , to non-ac | credited inv | estors in th | is offering? | · | | ····· [| ব | |
| | | | Answer | also in Ap | pendix, Co | olumn 2, if | filing under | ULOE. | | | | | |
| 2. What | t is the mini | mum inves | tment that w | ill be accep | ted from a | ny individu | ıal? | | | | _ | N/A | |
| • • | .1 00 : | | | | 1.0 | | | | | | | es_ | No |
| | | | int ownership | _ | | | | | | | _ | ✓ | , |
| remu perso | neration for on or agent (5) persons | r solicitatio of a broker | ested for eac on of purchas or dealer reg d are associa | sers in congistered wit | nection wi h the SEC | th sales of and/or witl | securities in a state or | in the offer states, list t | ing. If a pe he name of | rson to be l the broker o | isted is an or dealer. I | n asso If more | ciated e than |
| Full Na | me (Last na | me first, if | individual) | | | | | | | | | | |
| N/A | | | | | | | i. | | | | | | |
| Busines | ss or Reside | nce Addres | s (Number a | nd Street, (| City, State, | Zip Code) | | | | | | | |
| Name o | of Associate | d Broker o | Dealer | | | | | | | | | | |
| States i | n Which Pe | rson Listed | Has Solicite | d or Intend | s to Solici | t Purchaser: | | | | | | | |
| | | | heck individ | | | | - | | | | All State | S | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID | 1 |
| [IL] | [AK] [IN] | [AZ] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MC | - |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA | - |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |] |
| Full Na | me (Last na | me first, if | individual) | | | | | | | | | | |
| Busines | ss or Reside | nce Addres | s (Number a | nd Street, (| City, State, | Zip Code) | | | | | | | |
| Name o | of Associate | d Broker o | r Dealer | | | | | | | | | | |
| States in | n Which Pe | rson Listed | Has Solicite | d or Intend | s to Solici | t Purchaser | 5 | | | | | | |
| (6 | Check "All | States" or c | heck individ | ual States). | | | | | | | All State | S | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID |] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MC | - |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA | |
| [RI] | [SC] | [SD] | [TN] individual) | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | <u> </u> |
| I ull 140 | ime (Last m | ine msi, n | marviduar) | | | | | | | | | | |
| Busine | ss or Reside | ence Addres | ss (Number a | nd Street, (| City, State, | , Zip Code) | | | | | | | |
| Name o | of Associate | d Broker o | r Dealer | | | | | | | | | | |
| States i | n Which Pe | rson Listed | Has Solicite | ed or Intend | ls to Solici | t Purchaser | S | | | | | | |
| (| Check "All | States" or o | check individ | lual States) | | | · · · · · · · · · · · · · · · · · · · | | | | All State | S | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID |)] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [M0 | - |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR | ·J |

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| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE | OF PROCEED | S |
|--|-----------------------------|--|
| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 0 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| Type of Security | Aggregate Offering Price | Amount Already Sold |
| Debt | = | \$ 0 |
| Equity | \$ 154,020.92 | \$ 154,020.92 |
| ☑ Common □ Preferred | | |
| Convertible Securities (including warrants) | \$ 0 | \$ 0 |
| Partnership Interests | | \$ 0 |
| Other (Specify) | | \$ 0 |
| Total | | \$ 154,020.92 |
| Answer also in Appendix, Column 3, if filing under ULOE. | | _ |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | Number Investors | Aggregate Dollar Amount of Purchases |
| Accredited Investors | 15 | \$ 139,830.30 |
| Non-accredited Investors | 1 | \$ 14,190.62 |
| Total (for filings under Rule 504 only) | N/A | \$ N/A |
| Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| Type of Offering | Type of Security | Dollar Amount Sold |
| Rule 505 | N/A | |
| Regulation A | N/A | <u>\$</u> - |
| Rule 504 | N/A | <u>s</u> - |
| Total | N/A | |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| Transfer Agent's Fees. | | ☑ \$ 300 |
| Printing and Engraving Costs | | S 0 |
| Legal Fees. | | ☑ \$ 3,000 |
| Accounting Fees | | \$ 0 |
| Engineering Fees | | S 0 |
| Sales Commissions (specify finders' fees separately) | | S 0 |
| Other Expenses (identify) | | S 0 |

Total.....

☑ \$ 3,300

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question I and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer.".....

\$ 150,720.92

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

| | | Di | yments to Officers, rectors & Offiliates | | - | Payments to Others |
|--|---|----|--|-------|------|--|
| Salaries and fees | | \$ | 0 | | \$ | 0 |
| Purchase of real estate | | \$ | 0 | | \$ | 0 |
| Purchase, rental or leasing and installation of machinery and equipment | | \$ | 0 | | \$ | 0 |
| Construction or leasing of plant buildings and facilities | | \$ | 0 | | \$ | 0 |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | ٥ | \$ | 0 | | \$ | 0 |
| Repayment of indebtedness | | \$ | 0 | | \$ | 0 |
| Working capital | | \$ | 0 | | \$ | 0 |
| Other (specify): Conversion of accrued dividend payables on preferred securities to common shares | 0 | \$ | 0 | . ☑ | \$ | 150,720.92 |
| | | \$ | 0 | | \$ | 0 |
| | | \$ | 0 | | \$ | 0 |
| Column Totals | | \$ | 0 | | \$ | 0 |
| Total Payments Listed (column totals added) | | | ☑ _\$ 15 | 0,720 | 0.92 | <u>? </u> |

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)

Sense Technologies Inc.

Signature

06/06/05

Name of Signer (Print or Type)

James N. Morton

Title of Signer (Print or Type)

Corporate Secretary

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| E. STATE SIGNATURE | | |
|---|-----------|-----------|
| 1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? | Yes | No |
| | | \square |
| See Appendix, Column 5, for state response. | | |
| 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is file Form D (17 CFR 239.500) at such times as required by state law. | ed, a no | tice on |
| 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished b offerees. | y the iss | er to |
| 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the U Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the ava exemption has the burden of establishing that these conditions have been satisfied. | | |
| The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on it undersigned duly authorized person. | s behalf | by the |

amus A. Morton

Name of Signer (Print or Type)

James N. Morton

Issuer (Print or Type)

Sense Technologies Inc.

Title of Signer (Print or Type)

06 | 06 | 05

Corporate Secretary

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1 | | 2 | 3 | 4-4-1 | | 4 | | | 5 ualification | |
|----------|---------|---|--|--------------------------------------|--|--|--------|-----|-------------------|--|
| | non- ac | to sell to ccredited rs in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C – Item 2) | | | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| AL | | | | | | | | | - (-) | |
| AK | | | | | | | | | | |
| AZ | | X | \$2,434.89 Common shares | 1 | \$2,434.89 | 0 | N/A | | X | |
| AR | | | | | | | | | | |
| CA | | | | _ | | | | | | |
| СО | | | | | | | | | | |
| CT | | | | | | | | | | |
| DE | | | | | | | | | | |
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| FL | | | | | | | | | - | |
| GA | | | | | | | | | | |
| НІ | | | | | | | | | | |
| ID | | | | | | | | | | |
| IL | _ | | | | | ~ | | | | |
| IN IA | | X | \$16,717.32 Common shares | 1 | \$16,717.32 | 0 | N/A | | X | |
| KS | | | | | | | | | | |
| KY | | | | | | | | | | |
| LA | | | | , | | | | | | |
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| MS | | | | | | |] | | | |

| 1 | | 2 | 3 | 5 | | | | | | |
|-------|-------------------|---|--|--------------------------------------|--|--|-------------|-----|----|--|
| | Intend non- ac | to sell to ccredited rs in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C – Item 2) | | | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| мо | | , | | | | | | | | |
| MT | | | | | | | | | | |
| NE | × | | \$134,868.71 Common shares | 13 | \$120,678.09 | 1 | \$14,190.62 | | X | |
| NV | | - | | | | | | _ | | |
| NH | | | | | | | | | | |
| NJ | | | | | | | | | | |
| NM | | | | | | | | | | |
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